

# ORDER FOR SUPPLIES OR SERVICES

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N61340-12-D-5202		2. DELIVERY ORDER/ CALL NO. 0002		3. DATE OF ORDER/CALL (YYYYMMDD) 2014 Sep 11		4. REQ./ PURCH. REQUEST NO. See Schedule		5. PRIORITY	
6. ISSUED BY NAWCTSD 7.0 12950 RESEARCH PARKWAY ORLANDO FL 32826		CODE N61340		7. ADMINISTERED BY (if other than 6) DCMA DALLAS 600 N PEARL STREET SUITE 1630 DALLAS TX 75201-2843		CODE S4402A		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CYMSTAR LLC NAME JOHN A CORDER AND 1700 W ALBANY ST STE 500 ADDRESS BROKEN ARROW OK 74012-1419		CODE 3K3Y9		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE 12. DISCOUNT TERMS Net 30 Days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO NAWCTSD ISEO BRANDON CASSAGNE NAWCTSD AV-8B ISEO BLDG 244 RM 22 5TH STREET MCAS CHERRY POINT NC 28533-0009		CODE N61340		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS OH 43218-2381		CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16. TYPE OF ORDER		DELIVERY/ CALL		X		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.			
		PURCHASE				Reference your quote dated			
						Furnish the following on terms specified herein. REF:			
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)			
<input checked="" type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies: 1							
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE									
See Schedule									
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES		20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE	
SEE SCHEDULE									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA TEL: 407-380-4155 EMAIL: erin.b.young@navy.mil BY: ERIN YOUNG (25342)		25. TOTAL \$6,254,987.00		26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED									
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE				28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER				g. E-MAIL ADDRESS		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.				31. PAYMENT		34. CHECK NUMBER		35. BILL OF LADING NO.	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT		34. CHECK NUMBER		35. BILL OF LADING NO.	
				31. PAYMENT		34. CHECK NUMBER		35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO	
								42. S/R VOUCHER NO.	